UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/NPL/5
14 December 2001

ORIGINAL: ENGLISH

First regular session 2002
28 January to 8 February 2002, New York
Item 10 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Nepal

Proposed UNFPA assistance:	$35.5 million, $17.5 million from regular resources and $18.0 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Fifth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	12.25	16.5	28.75
Population and development strategies	4.75	1.5	6.25
Programme coordination and assistance	0.50	-	0.50
Total	17.50	18.0	35.50

/...

NEPAL

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	9	≥60
Contraceptive prevalence rate (%)[2/]	29	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	0.17	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	120.0	≤65
Infant mortality rate (per 1,000 live births)[5/]	83	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	540	≤100
Adult female literacy rate (%)[7/]	19	≥50
Secondary net enrolment ratio (%)[8/]	58	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	23,593	Annual population growth rate (%)	2.32
Population in year 2015 (000)	32,138	Total fertility rate (/woman)	4.48
Sex ratio (/100 females)	105	Life expectancy at birth (years)	
Age distribution (%)		Males	60.1
Ages 0-14	41.0	Females	59.6
Youth (15-24)	19.1	Both sexes	59.8
Ages 60+	5.9	GNP per capita (U.S. dollars, 1998)	210

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over a five-year period starting in January 2002 to assist His Majesty's Government of Nepal in achieving its population and reproductive health goals. UNFPA proposes to fund the programme in the amount of $35.5 million, of which $17.5 million would be programmed from regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $18 million through co-financing modalities and/or other resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's fifth programme of assistance to Nepal, which is a category "A" country according to the UNFPA resource allocation criteria.

2. The proposed programme was formulated in close consultation with stakeholders (governmental, non-governmental, United Nations and donor organizations) and builds on the experiences and lessons learned from previous cycles of assistance. It also takes into account the Common Country Assessment (CCA) and the recommendations of the fourth country programme evaluation. The proposed programme is consistent with the Government's Poverty Reduction Strategy Paper (PRSP), with specific reference to the following objectives in the health sector: (a) control and prevention of communicable diseases; (b) promotion of child survival; (c) promotion of safer motherhood; (d) improvement of general health status; (e) reduction in population growth rates; and (f) regulation of cross-boundary movement. The UNFPA priorities in the proposed programme are in line with the cooperation strategies outlined in the United Nations Development Assistance Framework (UNDAF) for Nepal.

3. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

4. Nepal's population in 2001 is estimated at 23.2 million and is projected to be growing at the rate of 2.27 per cent a year. If this growth rate prevails, Nepal's population will double within 31 years. Over 42 per cent of the population is below 14 years of age. Processing of the 2001 national population census is under way. When completed, the census will provide more recent data on socio-economic and demographic features of the country's population.

5. Nepal's annual per capita income was $220 in 1999. Over the last 20 years, the annual growth in per capita income remained below 3 per cent on average, slightly higher than the population growth rate. The country faces significant environmental problems due to increasing population, poverty and dependence on subsistence agriculture.

/...

6. Poverty reduction has been and continues to be the major focus of the Government's policies and programmes. This concern is reflected in the PRSP as well as the Government's long-term development goals and the ninth five-year development plan (1997-2002). Accordingly, the percentage of people living below the poverty line is expected to be reduced from 42 per cent in 1997 to 32 per cent in 2002 and to 23 per cent in 2007. The overall literacy rate in Nepal is 52.8 per cent, but the rate among females is only 38 per cent.

7. In the period 1961-1991, the crude death rate declined from 22 to 13.3 per 1,000 population; the crude birth rate also dipped from 47 to 41.6 per 1,000. The infant mortality rate is 74.7 per 1,000 live births. According to a 1996 family health survey, the total fertility rate was estimated at 4.64 per woman and is estimated to have gone down to 4.4 children per woman in 2001. In spite of almost universal knowledge of family planning and the availability of at least three methods of contraception in all health facilities in the country, the contraceptive prevalence rate was estimated to be only 34 per cent in 2001 and unmet demand reached 31 per cent.

8. In Nepal, trained health-care providers attend less than 10 per cent of deliveries. The country has the highest maternal mortality in the South Asia Association for Regional Cooperation (SAARC) region, at 539 per 100,000 live births. Women's unequal access to health care and education contribute to the high levels of female mortality and morbidity.

9. In Nepal, adolescents comprise more than one fifth of the total population. Nearly half of adolescent girls (15-19 years) and 20 per cent of adolescent boys of the same age group are married. One fifth of women in this age group are already pregnant or mothers with their first child. About half of them do not receive adequate obstetric care, and 19 per cent of maternal deaths occur in this age group.

10. In the second long-term health plan (1997-2017), the Government has emphasized developing special programmes for population and reproductive health, including adolescent reproductive health. The national adolescent health and development strategy endorses distribution of contraceptives to unmarried adolescents, and the national reproductive health strategy identifies adolescent reproductive health as a critical component of the reproductive health package.

11. The threat of HIV/AIDS is now a major concern in the country, with an estimated 1,917 HIV-positive cases as of May 31, 2001, and 492 known AIDS cases. The prevalence of HIV infection among sex workers and injecting drug users has significantly increased, demonstrating a shift from a low-level epidemic to a concentrated epidemic that will require an all-out response to prevent the epidemic from spreading into the general population. Poverty, labour migration, lack of access to information, gender inequality, human trafficking, inaccessibility of care, lack of effective programmes for adolescents and youth, harmful sociocultural norms and practices are all key determinants of the course of the epidemic in Nepal.

Previous UNFPA assistance

12. UNFPA assistance to Nepal's population programme began in 1970. Up to 1996, the first three country programmes supported a number of activities that included family planning and maternal and child health care, population education, expansion of the population database, and development of a national plan of action for women in development and the introduction of an integrated health management information system (HMIS).

13. The fourth country programme (1997-2001) aimed at improving the coverage, access, quality and continuity of gender-sensitive reproductive health services. The national reproductive health policy and operational guidelines and the reproductive health clinical protocols for each level of service providers were developed and disseminated along with the appropriate tools for managers at all levels in the system. HIV/AIDS prevention was integrated into information, education and communication (IEC) messages. The reproductive health research strategy and the national adolescent health and development strategy were also developed.

14. UNFPA provided support in strengthening the infrastructure of the country's health facilities through the construction of facilities as maternity waiting homes and in strengthening family planning services, counselling and training. Emergency obstetric care (EOC) intervention was enhanced with the provision of EOC kits to front-line service providers. The Reproductive Health Coordination Committee was supported in order to ensure coherence at the policy and operational levels.

15. In the area of population and development, UNFPA's assistance aimed to develop capacity for integration of population issues into development plans and programmes. Support to the Ministry of Education was provided to integrate family life education into school curricula. Support was also provided to the Central Bureau of Statistics in conducting the census and analysing, disseminating and incorporating its results for planning purposes.

16. UNFPA's continued support has encouraged the involvement of civil society in population and reproductive health programmes. The Ministry of Population and Environment (MoPE) has formulated guidelines to increase involvement of non-governmental organizations (NGOs) in advocacy activities.

17. Lessons learned. Several lessons have emerged from the fourth country programme that should prove beneficial in implementing the next programme. First, as identified in the CCA, management in the health sector, especially project monitoring and evaluation, needs to be strengthened, particularly in view of the decentralization process currently under way. It has become clear that while the national reproductive health policy framework will be further

refined, implementation at the district level will need to be strengthened. UNFPA is in the strategic position of being able to help link reproductive health policy development with a decentralized reproductive health programme.

18. Second, continued support is needed in the field of policy formulation; integration of population and gender issues into development plans and programmes; data collection; and management, analysis and dissemination of data, including gender disaggregation, to every administrative unit. The capability of population teaching and research institutes has to be improved in order to produce trained human resources in the field of population, gender and sustainable development. Further advocacy efforts are required to mainstream and institutionalize gender issues into national development efforts and to accelerate the empowerment of women.

19. In addition, as pointed out by the midterm review and the country programme evaluation exercises, there is a need to strengthen linkages between projects and subprogrammes. Projects, particularly under the population and development strategies and advocacy areas, were found to operate independently, both in design and during implementation. The proposed country programme was developed using the logical framework approach, along with problem analysis and stakeholders' participation, keeping in mind the essential requirements and benefits of the concept of subprogrammes and the need for improved coordination and synergy between and within subprogrammes.

Other external assistance

20. A large number of bilateral and multilateral external development partners provide support for population and reproductive health programmes in Nepal, of which the United States Agency for International Development (USAID) has been one of the major donors. The German Kreditanstalt für Wiederaufbau (KfW) and the United Kingdom Department for International Development (DFID) contributed to contraceptive procurement and reproductive health programmes. The World Bank has been placing more resources in the areas of primary health care and infrastructure development. WHO, UNICEF, the German Gesellshaft für Technische Zusmmenarbeit (GTZ), the Japan International Cooperation Agency (JICA) and a number of NGOs are the other active partners in improving the health delivery system and in promoting mother and child health in the country.

21. Several external development partners provide technical and financial support to the Government in the area of reproductive health and HIV/AIDS. The external development partners' contribution is estimated at 60 per cent of total expenditures for health. Nepal is also one of seven countries in Asia where the European Commission/UNFPA Initiative for Reproductive Health in Asia is providing support to NGOs to address reproductive health needs among vulnerable groups and underserved populations.

22. UNICEF, UNDP, UNIFEM and the European Commission joined hands with UNFPA to support the Government in carrying out the national census in 2001. Several other bilateral and multilateral agencies are providing support to improve the conditions and status of women in the country. A United Nations task force on trafficking of women and girls has been formed and a preparatory project on the Joint Initiative in the Millennium Against Trafficking in Women and Girls is being implemented with the support of UNDP, UNICEF, UNFPA, ILO, UNIFEM, the Office of the High Commissioner for Human Rights and the Government of Norway.

23. Compared with some of the donors in Nepal, UNFPA has been able to play a critical role in supporting mobilization of financial resources for population and reproductive health programmes. UNFPA has acquired a broad understanding of the national population programme and the relationships among various government structures and other stakeholders. It has a clear overview of the programme's strengths and achievements as well as its gaps and weaknesses. As a multilateral agency, UNFPA is in a unique position to advocate for new and sensitive issues in population and reproductive health, such as addressing sexually transmitted infections (STIs) and HIV/AIDS in Nepal. By providing assistance to a number of carefully selected key activities at the central and local levels, UNFPA expects to play a catalytic role in further promoting the goals of the ICPD and ICPD+5.

Proposed programme

24. The goal of the proposed programme is to contribute to the attainment of a higher quality of life for the Nepalese people through improved reproductive health and a balance between population dynamics and socio-economic development. The goal will be pursued through two sets of interventions covering reproductive health and population and development strategies. Advocacy and gender would be cross-cutting issues to be reflected in all activities developed in the two subprogrammes. Several areas of UNFPA support will continue to be directed at the national level. However, in line with the UNDAF and the country's local self-governance act, UNFPA will focus technical and financial support into selected districts and villages in coordination with other United Nations agencies. UNFPA has used the following indicators and geographic criteria in the selection of the districts: the district's human development index, population size and density, population growth, contraceptive prevalence rate, and the involvement of other United Nations agencies. Due to migration, the selected districts are also areas of high risk of HIV/AIDS.

25. Reproductive health. The purpose of the reproductive health subprogramme is twofold: to contribute to increased utilization of quality reproductive health services by women, men and adolescents and to increase awareness of reproductive health risks and benefits to bring about behavioural changes regarding safe sex and reproductive health practices.

26. At the national level, UNFPA will continue providing support for: (a) the revision of national reproductive health policies and strategies ensuring a gender perspective; (b) specification of national standards for reproductive health services; (c) capacity building through training programmes for reproductive health service providers; and (d) the procurement of commodities and supplies.

27. The reproductive health subprogramme will target improving access to quality reproductive health services to women, men and adolescents nationwide, especially in the selected districts. Particular emphasis will be placed on maternal care, family planning, prevention of STIs and HIV/AIDS and adolescent reproductive health. While physical access continues to be a major problem in Nepal due to mountainous and hilly terrain, access is also affected by inadequate quality of care, supply and distribution problems, lack of awareness, weak outreach, poverty and many sociocultural practices that are not conducive to effective utilization of services. Hence, the strategy to increase access will go beyond the questions of physical access and will cover such other aspects as quality of care, advocacy support and promotion of health-seeking behaviours.

28. Referral centres will be strengthened with capacity-building interventions, including skills training for service providers, provision of supplies and equipment, an increase in the number of family planning service delivery points and a better mix and availability of family planning methods, including contraceptives. Such improvements will also need to mobilize and involve village development committees, mothers' groups, female community health volunteers, community-based organizations, NGOs and reproductive health networks.

29. Taking advantage of government support in dealing with adolescent reproductive health issues, youth services will be initiated and additional service delivery points will be gradually established in districts covered under the country programme. Service providers will be trained in peer education, community mobilization, awareness creation and advocacy strategies, and service provision. In order to make full use of government support, the concerned focal points in adolescent reproductive health issues at all levels will be involved throughout the country programme.

30. Assistance will also be provided to ensure that women, men and adolescents have increased exposure and access to appropriate reproductive health and HIV/AIDS information. This will be carried out through the implementation of the national reproductive health IEC strategy, which includes information on mother and child health, family planning, adolescent reproductive health, and prevention of STIs and HIV/AIDS. In addition to advocacy efforts, UNFPA will address HIV/AIDS prevention by ensuring the maximum availability of reproductive health services and supplies, especially condoms.

31. Planning, implementation, monitoring and evaluation of reproductive health programmes will be improved. The HMIS will be reviewed and updated to include performance information at the district and local levels. A district-level monitoring and evaluation system will also be introduced.

32. Reproductive health commodity security. UNFPA will continue its advocacy efforts for the allocation of national funds for contraceptives. The Fund will also continue to collaborate with donors in supporting central government agencies in developing procedures and strategies for securing contraceptives. The proposed programme also aims to improve the contraceptive management information system with a view to eliminating or minimizing overstocking, undersupply and stockouts at service delivery points. DFID has already agreed to contribute an amount of $11 million to the subprogramme through co-financing arrangements for the procurement of contraceptives. Contacts are being made with a number of other donors to raise additional multi-bilateral funds.

33. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to ensuring a balance between population dynamics and socio-economic development in Nepal. This would be achieved through increased national capacity to formulate and implement sustainable population and development policies as well as increased national support for gender equity and equality and the empowerment of women.

34. At the national level, the interventions would include support for the implementation of national population policies and strategies, data analysis and dissemination, capacity building and advocacy for gender equity and equality and the empowerment of women. At the local level, the fifth country programme will aim to strengthen capacity building in collection, analysis and use of data for decentralized planning, using the existing institutional arrangements at the district, municipality and village levels.

35. UNFPA will seek to achieve strengthened national and district capacity in the formulation and implementation of gender-sensitive population and development policies. This will be achieved by upgrading the skills of the professional staff of sectoral ministries and of selected district development committees and village development committees in population and gender analysis and subsequent integration of population and gender factors into development planning. Technical assistance will be provided to MoPE and the National Planning Commission to draft a national population perspective plan addressing such major population and sustainable development concerns as urbanization, distribution, ageing, migration and the environment. The population perspective plan will guide the process of mainstreaming population and gender concerns into both national- and district-level development plans and will contribute to improved understanding by high-level policy planners of the importance of population and gender concerns. Technical assistance will also be provided to develop and institutionalize a comprehensive mechanism for coordination of population activities at the

/...

national and local levels. Advocacy strategies will also be supported to improve the understanding and support of higher-level policy planners and decision makers on major population and sustainable development issues.

36. One of the expected results of the country programme is strengthened capacity at all levels in collection, analysis, dissemination and utilization of gender-disaggregated information. This will be achieved by: (a) enhancing the technical capacity of central and district officials of major data collection agencies; (b) supporting user-friendly publications on various population and development topics using census and survey data; (c) increasing awareness of the public in general and of policy makers in particular on the importance of quality data in development planning; and (d) developing and institutionalizing coordination mechanisms in data collection.

37. Under the fifth country programme, UNFPA will try to strengthen the capacity of national and local governance bodies, NGOs and civil society in advocating population and gender issues so as to improve the understanding of policy makers and community leaders on the importance of gender equity and equality and women's empowerment in national and local level development. These organizations will also be assisted to advocate for such issues as education of girls, delaying the age of marriage, spacing of children, and combating trafficking of and violence against women.

Programme implementation, coordination, monitoring and evaluation

38. Consistent with the UNDAF, the fifth country programme will enhance partnership with other United Nations agencies and promote government ownership of UNFPA-supported activities. This will be one of the key elements of the institutional arrangements made for the implementation of the fifth country programme in order to promote sustainability. The fifth country programme will be nationally executed to a large extent. UNFPA execution will include procurement of commodities and equipment, arranging for international travel in relation to capacity-building activities and obtaining technical assistance from the UNFPA Country Technical Services Team in Kathmandu and other international consultants as necessary.

39. As usual, the lead role for the coordination of subprogramme implementation by the various key ministries will be agreed in consultation with the Government at the programme and project formulation stage. District development committees, municipalities and village development committees have been mandated to carry out various population and development activities. Within the selected districts, municipalities and villages, the planning, monitoring, implementation and evaluation of reproductive health and population activities will be a local responsibility, for which different committees have been established. However, these committees lack human and other resources to implement the envisaged activities. UNDP and other external development partners are also supporting the decentralization policy and programmes. However, UNFPA may still need to provide incremental support to district and

village development committees to implement reproductive health, population and development strategies and related activities.

40. Some of the UNFPA-supported activities at the district level are to be carried out with selected NGOs and community-based organizations. Some of them may require strengthening of their capacity for effective implementation in making communities aware of their rights and demanding quality reproductive health services and in working with the most vulnerable communities. These institutional arrangements will be in line with the UNDAF recommendations in keeping with the Government's goal of strengthening civil society. The monitoring and evaluation plan will follow UNFPA procedures consistent with a results-based approach.

41. The UNFPA country office is comprised of a Representative, Deputy Representative, two Assistant Representatives, one National Programme Officer and six administrative support staff. The implementation of the proposed programme may require additional staff to facilitate the decentralized approach. They will be recruited as and when required, utilizing the national professional project personnel modality. Under the proposed programme, the amount of $500,000 from regular resources would be reserved for programme coordination and assistance.

Recommendation

42. The Executive Director recommends that the Executive Board approve the programme of assistance to His Majesty's Government of Nepal, as presented above, in the amount of $35.5 million for the period 2002-2006, $17.5 million of which would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $18 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with the Executive Board decision 2000/19 on the allocation of UNFPA resources.

******